

CITY OF BEDFORD, OHIO
Income Tax Return

P.O. Box 75595
Cleveland, Ohio 44101-4755
Telephone (440) 232-1600 (888) 232-1600



IF YOU MOVED SINCE JANUARY 1, 20____
COMPLETE THIS BOX.

Present Address	City	State	Zip
Old Address	City	State	Zip
Date of Move			

PLEASE READ INSTRUCTIONS BEFORE COMPLETING TAX FORM.
DUE BY APRIL 30, 20____

NAME AND ADDRESS (Print or type)

Your Social Security Number

Spouse's Social Security Number

1. WAGES AND COMPENSATION (From W-2's only)

Location Where Earned (As shown on W-2 Form) Caution: List separately wages earned in Bedford and other Communities.		COLUMN 1A Total Wages (As shown on W-2 Form)	COLUMN 1B Withheld for Bedford	CAUTION: A copy of all W-2 Forms MUST be attached.		
				COLUMN 1C Withhold for Other Cities	COLUMN 1D _____% of Column 1A	COLUMN 1E Lesser of Column 1C or 1D
BEDFORD		\$	\$			
Other Communities List Separately	Municipality			\$	\$	\$
				\$	\$	\$
COLUMN TOTALS		\$	\$			\$
		Post (To Line 2a)	Post (To Line 4b)	Post (To Line 4c)		

2. INCOME

- a. Total wages and compensation (From 1A)2a. _____
- b. Total other income (Federal Schedule C), Rental income (Federal Schedule E) and
all other Income – See Instructions2b. _____
- c. Total (Add lines 2a and 2b)2c. _____

3. BEDFORD CITY TAX _____ (Multiply line 2c times _____)3.\$ _____

4. PAYMENTS AND CREDITS

- a. Estimated payments and prior
year overpayment credit (As of _____)4a. _____
- b. Withheld for Bedford (From 1B)4b. _____
- c. Credit for other cities (From 1E)4c. _____
- d. Direct payments to other cities (See Instructions)4d. _____
- e. Total payments and credits (Add lines 4a through 4d)4e. _____

5. BALANCE of tax due [overpaid] subtract line 4e from line 35.\$ _____

6. PENALTY AND INTEREST

a. Late Filing: Penalty (\$25) \$ _____ b. Interest (1 1/2% Per month) \$ _____ (Add line 6a and 6b) 6c.\$ _____

7. BALANCE DUE (combine Lines 5 and 6c)7.\$ _____

8. OVERPAYMENT (If line 7 is less than zero)

8a ☐ Refund (If \$2.00 or more) _____ 8b. ☐ Credit to 20 _____ Estimated Tax _____

9. ESTIMATED TAX (See instructions)

- a. Estimated tax liability for 20 _____ 9a. _____
- b. Quarterly estimated tax due 1/4 of 9a. less credit from 8b9b.\$ _____

10. TOTAL DUE City of Bedford (Add lines 7 and 9b)10.\$ _____

(Make check or money order payable to City of Bedford if \$2.00 or more)

HAVE YOU RECEIVED ANY REFUND FROM OTHER CITIES? NO ☐ YES ☐ AMOUNT _____

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes, unless otherwise required by local ordinance or statute, and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed within 3 months.

Signature _____ Date _____

Preparer's signature (other than taxpayer) _____ Date _____

Signature of spouse (If joint return) _____ Date _____

Address (and Zip Code) _____ Phone No. _____